

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Mei	MI
	NICKNAME	LAST LeBlanc	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2720 Mark Twain Court Arlington, TX. 76006		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (817) PHONE NUMBER: 469-8525 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jimmy	MI
	NICKNAME	LAST Bennett	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2000 E. Lamar Blvd., Arlington, TX. 76006		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 461-0523 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 13 / 06 05 / 05 / 06		
11 ELECTION	ELECTION DATE Month Day Year 5 / 13 / 06		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) City Council, District 1	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name —		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code —		
GO TO PAGE 2			



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Mel LeBlanc

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*4,900.00*EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*3,453.55*CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

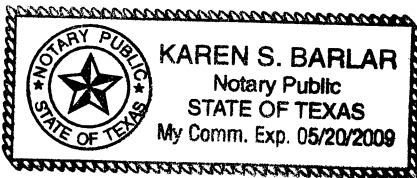
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

17,096.69

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Mel LeBlanc, Jr.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mel LeBlanc, this the 5th day of May, 2006, to certify which, witness my hand and seal of office.

Karen S. Barlar

Signature of officer administering oath

KAREN S. Barlar

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>2 3</i>	
2 FILER NAME <i>Mel Lebanc</i>		3 ACCOUNT # (Ethics Commission filers) <i>—</i>	
4 Date <i>4/23/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michele Richard</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8374 Lakeshore Dr, Bay St. Louis, Ms. 39520</i>			
9 Principal occupation / Job title (See Instructions) <i>CPA</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>4/26/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe + Carole Terry</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2104 Cross Creek Ct, Arlington, Tx, 76017</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>—</i>	
Date <i>4/26/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIM + LINDA McKibben</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2630 Humingway Dr, Arlington, Tx, 76006</i>			
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions) <i>Self</i>	
Date <i>4/26/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Cravens</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 S. Fielders, Arlington, Tx. 76013</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>—</i>	
Date <i>4/26/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles + Karen Vavren</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1808 O'Henry Ct, Arlington, Tx. 76006</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>—</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>23</i>	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers) —	
4 Date <i>4/26/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael & Marty Reiswig</i>	7 Amount of contribution (\$) <i>\$2,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2712 Mark Twain Ct., Arlington, TX. 76006</i>			
9 Principal occupation / Job title (See Instructions) <i>Real Estate/Mng. Partner</i>		10 Employer (See Instructions) <i>DFW Properties</i>	
Date <i>4/26/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Coy Garrett</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1430 Crownhill Dr., Arlington, TX, 76012</i>			
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>5/5/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carol or Bill Daley</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>912 Crowley Rd., Arlington, TX. 76012</i>			
Principal occupation / Job title (See Instructions) <i>I.T. Manager</i>		Employer (See Instructions) <i>U.T.A.</i>	
Date <i>5/5/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim & Jacquelyn Guinn</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2408 Texas Dr., Irving, TX. 75062</i>			
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>5/5/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Maibach</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6501 Baldwin Acres Court, Arlington, TX. 76001</i>			
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Psyco Properties.</i>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 3	
2 FILER NAME Mel LeBlanc				3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/5/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Christy Upmoo		7 Amount of contribution (\$) \$100.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 2622 Hemingway Dr, Arlington, TX. 76006			
9 Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) —		
Date 5/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim & Gina Ballard		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2229 Franklin Dr, Arlington, TX, 76011			
Principal occupation / Job title (See Instructions) Medical Product Sales Mgr.			Employer (See Instructions) Novo-Nordisk		
Date 5/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Snider		Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2111 N. Collins, Suite 323, Arlington, TX. 76011			
Principal occupation / Job title (See Instructions) Real Estate			Employer (See Instructions) DLM Investments		
Date 5/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dan Mohorc		Amount of contribution (\$) \$250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2702 Mark Twain Ct, Arlington, TX, 76006			
Principal occupation / Job title (See Instructions) Galactic Travel/President			Employer (See Instructions) Galactic Travel		
Date 5/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy & Claudia Carnahan		Amount of contribution (\$) \$750.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2711 Mark Twain Court, Arlington, TX., 76006			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) —		

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME*Mel LeBlanc***3** ACCOUNT # (Ethics Commission filers)**4** Date*4/23/06***5** Payee name*Murphy Turner & Associates***7** Amount
(\$)*\$3,453.55***6** Payee address; City; State; Zip Code*816 Congress Ave., Suite 1160, Austin, TX,
78701***8** Purpose of payment (See instructions regarding type of information required.)*Misc. literature & mailers***9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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